



	Regional Advisory Committee (RAC) Meeting Minutes - Eastern September 29, 2009 9:00 a.m. – 12:00 p.m. Chesapeake Community College	
Agenda Item	Discussion	Decisions /Follow-up
Welcome <ul style="list-style-type: none"> • Introductions • Review of May's Minutes & Evaluations 	<ul style="list-style-type: none"> • Tim Meagher and Mary Yancey welcomed everyone. • Infectious Disease and Environmental Health Administration (IDEHA) staff introduced themselves. • Tim reviewed May's minutes and evaluations 	
Meeting Framework <ul style="list-style-type: none"> • Overview of RAC • Meeting Purpose 	<ul style="list-style-type: none"> • Mary Yancey gave an overview of the RAC and explained the purpose of the meeting. • Mary reviewed the agenda. • Mary opened the floor for additional introductions. 	
IDEHA Overview <ul style="list-style-type: none"> • (Infectious Disease and Environmental Health Administration) Heather Hauck, Director of IDEHA	<ul style="list-style-type: none"> • Heather Hauck, Director of IDEHA, introduced the new integration between the Maryland AIDS Administration and the Community Health Administration. IDEHA is the same services and program areas the AIDS Administration always had, in addition to other disease threats and environmental health issues. • Heather reviewed the programs IDEHA covers. She explained how IDEHA is meant to strengthen the programs by offering a more coordinated approach, introducing an overall common health protection message, provide greater collaboration within departments, as well as increase the DHMH ability to monitor the quality of health care provided to affected individuals and communities. (Handouts provided) • Heather reviewed the IDEHA organizational chart. 	
Legislative & Policy Update William Honablew	<ul style="list-style-type: none"> • William Honablew gave the group an overview of the new proposed renewal of the Ryan White Treatment Modernization Act. (Handouts provided) 	
The Role of the RAC Co-Chair	<ul style="list-style-type: none"> • Dionna Robinson gave an overview of the purpose and role of the RAC Co-Chair. Major duties of the Co-Chair are to provide leadership on recruitment of HIV infected and affected members. The RAC Co-Chair is a two-year term and may serve for two consecutive terms. 	



	<ul style="list-style-type: none"> • Mary Yancey and Tim Meagher have served for the past two years. • Mary commented about what a great opportunity it has been to work with the IDEHA staff. She thinks that it is still a challenge to recruit more people to come to the RAC meetings. She invited people to step up and become a part. • Tim commented that it is very rewarding. He has felt very supported about advocating and speaking up. He stated that now more than ever he is impressed with the responsiveness of the IDEHA to the feedback given by RAC, it has been quite moving. IDEHA listens and takes to heart and things have changed. Sometimes it is difficult to see progress however through this process we have made some great strides in quality of care and prevention services. • Meghan Henderson was nominated and declined. • Tim Meagher and Mary Yancey were nominated again. Both Tim and Mary will accept but hopes there will be other nominations. • You can contact Dionna Robinson if you have a nomination 	
Community Dialogue Overview	<ul style="list-style-type: none"> • Participants discussed specific issues relating to IDEHA, HIV Care Services, and the tools for advancing community change. See notes on next page. • Dionna reminded everyone that there are yellow index cards on the table to add to the dialogue confidentially. If you would like a data management presentation note that desire on the card. 	
Care Services Prioritization <ul style="list-style-type: none"> • Glenn Clark 	<ul style="list-style-type: none"> • Glenn Clark encouraged everyone to participate in the October meeting and explained that we will talk specifically about all the services we run and participants will rank them. • We will look at the ranking and this will help guide what we do • Tim Meagher stated that the prioritization impacts 9 different jurisdictions 	
Wrap Up Community Input and Announcements	<ul style="list-style-type: none"> • Glenn Clark announced MADAP 101, October 22 at the Episcopal Diocese of Maryland. This workshop will provide an in-depth and practical review of the pharmacy and insurance premium assistance programs provided by the Maryland AIDS Drug Assistance Program (MADAP). Contact: Tiffany Moritz, 410-328-5759 6.0 Contact Hours; Fee: \$35. For more information and the complete training calendar: http://www.ihv.org/resources/pdfs/trainingcalendar09.pdf • Carrie announced that during lunch discussion will occur about Part D and Youth and 	



	<p>invited folks to sit with her.</p> <ul style="list-style-type: none"> • Tim reminded everyone to complete the evaluation forms. • The next Eastern RAC meeting will be October 27, 2009, 9:00a.m.-12:00p.m. • Tim announced that Frank Kratovil is our local congressman. He is a freshman congressman and under a lot of pressure to go one way or the other. He has been identified as a “swing vote” therefore we should educated him and remind him about the governors letter regarding Ryan White. • Meeting adjourned at 11:45am • Attendance at today’s meeting; 9 IDEHA staff, 34 guests. Total 43. 	
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Community Dialogue – Group 1

Question 1	Question 2	Question 3
Tools for Advancing Community Change	HIV Care Services. a. How has the economy had any impact on your ability to get HIV care? b. What recommendations do you have to improve health services?	The Infectious Disease and Environmental Health Administration. a. How can the IDEHA provide better care to the community?
<ul style="list-style-type: none"> • Contacting local political leaders (staff working as individuals) • Outreach to faith community • Radio spots – sitting in with DJs to talk • Social Marketing networks to address community • “Mentorship” for new positives • Work with school boards/leadership to get education in the schools 	<ul style="list-style-type: none"> • No effect – economy (consumer) • Fewer services being offered (provider) • Staff being stretched (provider) • More internal integration (provider working across programs) • More holistic care vs. fragmented • Public transportation cost increase • Start/continue or expand free condoms • Case management is excellent • Dental care providers needed • What resources are available? (for new staff or new positives) 	<ul style="list-style-type: none"> • DIS @ each health dept. or at least a regional person • Stronger relationship between local STD & HIV staff • Combined site reviews • Combined reporting • Stronger voice for services • Cross training for HC staff • Leveraging/sharing resources • “outside the box” ideas • Improve “top down” communication particularly to education and prevention staff across different programs



	<ul style="list-style-type: none"> • Not enough treatment options for drug & mental health treatment (ex. Mid Shore closing) • Prevention education still a need AIDS awareness needs expanding – Awareness month vs. day Comprehensive STD & HIV education in high schools, middle schools too! • Comprehensive training/orientation for new program staff 	
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Community Dialogue – Group 2

Question 1	Question 2	Question 3
Tools for Advancing Community Change	HIV Care Services. a. How has the economy had any impact on your ability to get HIV care? b. What recommendations do you have to improve health services?	The Infectious Disease and Environmental Health Administration. a. How can the IDEHA provide better care to the community?
Taken Actions <ul style="list-style-type: none"> • Spoke to DCCP & shared info about the RAC • FBOs encouraged to provide info to their communities • Introduced the existence of the RAC to a homeless coalition – new info was well received Actions you are planning to take <ul style="list-style-type: none"> • Contact hospice provider – invitation to attend & participate • Figure out a way for the Eastern Shore community service agencies to get more involved 	(Economic Effect) <ul style="list-style-type: none"> • Furloughs & budget cuts have effected services – VA system not obviously effected • General cost of living has increased • “leftover” money not available for other things • Necessities are going up in cost. • Recommendations to improve services • More money • Provide feedback • Consider services available in certain & different areas 	IDEHA – How can: Provide better care to community? <ul style="list-style-type: none"> • If it doesn’t change much, it should do well! • More money for Hep. C testing & services • Maintain same level of commitment What would you like to see? <ul style="list-style-type: none"> • Hep C testing • Continual updates on integration • Do not let HIV get “lost” with other public health issues



<ul style="list-style-type: none"> • Have local Health Dept speak to local agencies & groups (Resource & education) Weekly group? • Networking & information sharing • Continue to educate people to issue. <p>Decision makers to influence:</p> <ul style="list-style-type: none"> • Frank Kratovil (congressman) <ul style="list-style-type: none"> ⇒ Hand carry letter ⇒ Put a personal “fact“ to issue • Email <ul style="list-style-type: none"> ⇒ Sen. Mikulski ⇒ White House 	<ul style="list-style-type: none"> • Standardize definitions of care services & eligibility (Across Counties & Cities) • Guidance for interpretations & spending costs <p>Service Gaps</p> <ul style="list-style-type: none"> • Transportation • Uniformity of standard services • Mental Health Providers • Transitional Services <ul style="list-style-type: none"> ⇒ Corrections ⇒ Hospitals ⇒ Case/Care Workers ⇒ Decent/Affordable housing ⇒ Limited access ⇒ Rule & regulations limit accessibility ⇒ Occupancy is maxed out <p>Services Working Well:</p> <ul style="list-style-type: none"> • HOPWA • Ryan White Housing Program • Health Department services <ul style="list-style-type: none"> Positive attitude among (some) organizations to teamwork/case manage/cooperate • Referral & information services & Case Management services <p>How would you prioritize services diff?</p> <ul style="list-style-type: none"> • RAC process works well (continue annual review system) Admin listens well & is responsive & RAC 	<p>How to keep communication open?</p> <ul style="list-style-type: none"> • Provide updates (on integration) • Director’s presence impressive (at the RAC) • Continue levels of outreach & public info • Get the word out about RAC • News stations/Radio – talk – community services notices
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Community Dialogue – Group 3

Question 1

Question 2

Question 3

Tools for Advancing Community Change	HIV Care Services. a. How has the economy had any impact on your ability to get HIV care? b. What recommendations do you have to improve health services?	The Infectious Disease and Environmental Health Administration. a. How can the IDEHA provide better care to the community?
<p>No answers however requested better communication and repeating the session so others could attend</p> <ul style="list-style-type: none"> • Experience – resources • House.gov • Emails/written communication • American Diabetic Association • Contact Eastern Shore Congressman • Participate in Town Meetings <p>Barriers</p> <ul style="list-style-type: none"> • Not sure who to contact: having email (it access); time; knowledge about issue <p>What would you communicate?</p> <p>Having a base letter already prepared preprinted for signature – access acct. @ library</p> <ul style="list-style-type: none"> • Utilize IDEAH = William Honablew, etal. • Provide contact list of Legislators and how to do research 	<ul style="list-style-type: none"> • No personal care services money (Somerset/Wicomico/Worcester Counties) • Emergency financial assistance • Loss of staff • Reducing ability to reach specific populations. • Number needing care increased • Transportation to and from services • Can't afford to pay co-pays to access services • Planned mental health facility closure (not enough inpt & Outpt care) <p>Recommendations:</p> <ul style="list-style-type: none"> • Increase money • Provide up to date resources for services availability • Transportation for treatment and care (limited scheduling & vehicle) (money voucher for transportation or gas cared) • Can this be covered under Ryan white 	<ul style="list-style-type: none"> • Maintain money • Female condom/ora quick with instructions • Prevention programs • Distribution CTR with current stocks • Male condoms too • CTR for surveillance & Epi. = rpts. • Staff • MADAP – Monitor drug formulary • Everything else if good



	<ul style="list-style-type: none"> Determine eligibility criteria for participation 	
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Community Dialogue – Group 4

Question 1	Question 2	Question 3
Tools for Advancing Community Change	HIV Care Services. a. How has the economy had any impact on your ability to get HIV care? b. What recommendations do you have to improve health services?	The Infectious Disease and Environmental Health Administration. a. How can the IDEHA provide better care to the community?
Group 4 <ul style="list-style-type: none"> Red Ribbon advocacy – example How to advocate for yourself Step by Step DE needle exchange topic Graduation ceremony Attended town meetings Internet linked emails Marching Talking about it in church Why we don't advocate Not a priority Stigma Not knowing where to start Tools we can use Money 	Group 4 <ul style="list-style-type: none"> Dental Care in still an issue Transportation Increase number of clients requesting FA ex. Co-pays for meds/appointments Case managers have more responsibility with an increased workload Recommendations to improve services: <ul style="list-style-type: none"> Resources in the community i.e. food pantry. Think outside the box Gap <ul style="list-style-type: none"> Medical transportation is an issue in Cecil County especially. Ex. \$125 to transport someone one way 	Group 4 <ul style="list-style-type: none"> Is Hep. Going to be financially supported by HIV services/prevention? No, unless there is an overlap Can the Administration use HIV prevention money to support HIV prevention case management for those who are Hep. C positive? Can see how the Administration mirrors LHD in set up by org. chart.

Respectfully Submitted, Ruth Burke